



FBI Fingerprint Card Acknowledgement Form



Iowa Department of Public Health AmeriCorps Mentoring Program

(AmeriCorps Agency: Fax this signed form to Amanda McCurley at IDPH 515-281-4535)

Agency Name: _____

The purpose of this form is to provide a written acknowledgement from the recipient that they have received FBI fingerprint cards and FBI fingerprint instructions. The recipient acknowledges the understanding of the FBI fingerprint process.

I, _____, have received FBI fingerprint cards and FBI fingerprint instructions and understand I am required to return the completed fingerprint cards to my site supervisor within 5 business days of my start date for submittal to DCI.

Your signature on this form serves as initiation for federal and state background checks.

Signature and Date *(These are required)*

(Signature)

____/____/____
MM/DD/YYYY